



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-18-0700-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

November 10, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original bill was submitted to carrier on 5/19/2017 ... Memorial did not receive any correspondence as per rule so we submitted a Request for Reconsideration ... The request was submitted and received by the carrier on 09/05/2017 still with no response."

Amount in Dispute: \$489.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor's DWC60 contains two certified mail receipts. The first, 7015..., has no information linking it to Texas Mutual at all. The documentation with the receipt states the bill was delivered to an individual in Houston. The second receipt, 7014..., lists the claimant's name, what appears to be a dollar amount, and date 5/1/17. The documentation with the receipt states the bill was delivered to an individual in Houston..."

Review of the bills in the DWC60 packet show in Box 7 the carrier is ... the claimant's employer ... In short, the requestor sent the bill to the employer.

Texas Mutual did not receive the bill from the requestor for date 5/1/17."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 1, 2017	Pharmacy Services – Compound	\$489.96	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.4 sets out the requirements for communication between the provider and insurance carrier.
3. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
4. Texas Labor Code §408.027 addresses the reimbursement of health care providers.
5. Submitted documentation does not include explanations of benefits presented to the requestor prior to the request for medical fee dispute resolution for the services in question.

Issues

Did Memorial Compounding Pharmacy (Memorial) submit a pharmacy bill to Texas Mutual Insurance Company (Texas Mutual) in accordance with 28 Texas Administrative Code §133.20?

Findings

Memorial is seeking reimbursement of \$489.96 for a compound dispensed on date of service May 1, 2017.

Memorial contends that “The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027.” In contrast, Texas Mutual argued that it “did not receive the bill from the requestor for date 5/1/17.”

28 Texas Administrative Code §133.20 requires that

- (a) The health care provider shall submit all medical bills to the insurance carrier **except when billing the employer in accordance with subsection (j) of this section** [emphasis added].
- (b) Except as provided in Labor Code §408.027(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided...

Memorial must, therefore, demonstrate that it submitted the pharmaceutical bill in question in accordance with 28 Texas Administrative Code §133.20. The great weight of evidence submitted finds that the pharmaceutical bill in question was sent to the claimant’s employer in the original and subsequent submissions.

28 Texas Administrative Code §133.20(j) states that if a health care provider elects to bill a claimant’s employer that has indicated a willingness to pay the medical bill, the health care provider submit an information copy of the bill to the insurance carrier, and waives, for the duration of the election period, the rights to:

- (A) prompt payment, as provided by Labor Code §408.027;
- (B) interest for delayed payment as provided by Labor Code §413.019; and
- (C) medical dispute resolution as provided by Labor Code §413.031.

The division finds that the great weight of evidence supports that Memorial failed to submit a pharmacy bill to Texas Mutual in accordance with 28 Texas Administrative Code §133.20. No reimbursement is recommended for this service.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

December 8, 2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.